CASS COUNTY MEMORIAL HOSPITAL

INDEPENDENT AUDITOR'S REPORT FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

YEARS ENDED JUNE 30, 2014 AND 2013

CASS COUNTY MEMORIAL HOSPITAL

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CASS COUNTY MEMORIAL HOSPITAL Officials June 30, 2014

Board of Trustees:	Address	Term <u>Expires</u>
Ned Brown, Chairman	Atlantic, Iowa	2014
Jerry Putnam, Vice-Chairman	Griswold, Iowa	2014
Leanne Pellett, Secretary and Treasurer	Atlantic, Iowa	2014
John Molgaard	Atlantic, Iowa	2016
Phyllis Stakey	Massena, Iowa	2016
Roger Herring	Atlantic, Iowa	2018
Julie Pollock	Anita, Iowa	2018

Administrator/CEO:

Patricia A. Markham (Retired January, 2014)

Todd Hudspeth (Started January, 2014) Atlantic, Iowa

Assistant Administrator/CFO:

Stephen Lewis (Resigned June, 2014)

Susan Daniels (Started July, 2014) Atlantic, Iowa

Gronewold, Bell, Kyhnn & Co. P.C.

CERTIFIED PUBLIC ACCOUNTANTS • BUSINESS AND FINANCIAL CONSULTANTS

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees Cass County Memorial Hospital Atlantic, Iowa

Report on the Financial Statements

We have audited the accompanying statements of net position of Cass County Memorial Hospital as of June 30, 2014 and 2013 and the related statements of revenues, expenses and changes in net position, and cash flows for the years then ended, and related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in <u>Government Auditing Standards</u> issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Hospital's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

To the Board of Trustees Cass County Memorial Hospital

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Bases for Qualified Opinion

The financial statements do not include an estimate of an Other Post Employment Benefits (OPEB) liability for an implicit health insurance premium rate subsidy resulting from the legal requirement to allow employees retiring after age 55 to remain on the Hospital's healthcare plan until age 65. Accounting principles generally accepted in the United States of America require that any material liability resulting from this OPEB requirement be included in the financial statements (Note P).

The financial statements do not include financial data for the Hospital's legally separate component units, Cass County Memorial Hospital Foundation and Cass County Medical Clinics. Accounting principles generally accepted in the United States of America require the financial data for the component units to be reported with the financial data of the Hospital unless the Hospital also issues financial statements for the financial reporting entity that include the financial data for its component unit. The Hospital has not issued such reporting entity financial statements (Note A).

Qualified Opinion

In our opinion, except for the effect of not including an estimated OPEB liability for the implicit health insurance premium rate subsidy and the effect of omitting the discretely presented and blended component units, as discussed in the previous section, the financial statements referred to above present fairly in all material respects, the financial position of Cass County Memorial Hospital as of June 30, 2014 and 2013 and the results of its operations, changes in financial position, and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Other Matters

Report on Required Supplementary Information

Accounting principles generally accepted in the United States of America require Management's Discussion and Analysis and the Budgetary Comparison Information on pages 3 through 3d and on page 27 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board which considers it to be an essential part of the financial reporting for placing the basic financial statements in an appropriate operational, economic or historical context. We have applied certain limited procedures to the required supplementary information in accordance with U.S. generally accepted auditing standards, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the required supplementary information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

To the Board of Trustees Cass County Memorial Hospital

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements that collectively comprise Cass County Memorial Hospital's basic financial statements. We previously audited, in accordance with the standards referred to in the third paragraph of this report, the financial statements for the three years ended June 30, 2012 (which are not presented herein) and expressed qualified opinions on those financial statements. The supplementary information on pages 1 and 28 through 44 is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in our audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Other Reporting Required by Government Auditing Standards

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In accordance with <u>Government Auditing Standards</u>, we have also issued our report dated October 8, 2014 on our consideration of Cass County Memorial Hospital's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with <u>Government Auditing Standards</u> and important for assessing the results of our audit.

Atlantic, Iowa October 8, 2014



CASS COUNTY MEMORIAL HOSPITAL Atlantic, Iowa Management's Discussion and Analysis

Management's discussion and analysis of the Hospital's financial performance provides an overview of the Hospital's financial activity for the fiscal years ended June 30, 2014, 2013, and 2012. Please read it in conjunction with the Hospital's financial statements, which begin on page 4.

The Hospital is a Critical Access Hospital and the Clinics are Provider Based Rural Health Clinics, thus the Hospital and the Rural Health Clinics receive "cost based" reimbursement from Medicare and Medicaid.

The Hospital issued debt of \$23.5 million for the 2010 addition and remodeling of new inpatient, emergency room, rehab and surgical areas. The addition was completed at the end of June, 2012 and the remodeling was completed in March of 2013. The Hospital decided to add an in-house MRI and the remodeling for this project started in August 2013 and was completed in December 2013 for 1.97 million.

USING THIS ANNUAL REPORT

The Hospital's financial statements consist of three statements – Statement of Net Position; Statement of Revenues, Expenses, and Changes in Net Position; and Statement of Cash Flows. These financial statements and related notes provide information about the activities of the Hospital, including resources held by the Hospital but restricted for specific purposes by contributors, grantors, or enabling legislation.

Statistical Analysis gives us an indication of Hospital utilization in certain areas. As with most rural hospitals, Cass County Memorial Hospital has seen a continued shift from "Inpatient utilization" to "Outpatient utilization." Thus, more procedures are done on an outpatient basis due to improved technology.

The Statement of Net Position and the Statement of Revenues, Expenses and Changes in Net Position help us understand if the Hospital as a whole is better or worse off as a result of this year's activities. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. Both statements report the Hospital's net position and changes in them. The change in net position is a measure of the Hospital's "financial health," but you will need to consider other "nonfinancial" factors such as changes in the Hospital's patient base, measures in the quality of service, and local economic factors to assess the overall health of the Hospital.

The Statement of Cash Flows reports cash receipts, cash payments, and net changes in cash resulting from operations, investing and financing activities.

STATISTICAL ANALYSIS

The Hospital experienced decreased utilization in Acute Care (12.9%), Skilled Care (17.8%), Nursery (13.8%) and Outpatient Occasions of Service (4.0%) compared to FY 2013. Utilization remained level with the prior year for the Behavior Health Unit and Rural Health Clinic Visits. This is summarized in Table 1.

Table 1: Statistics

	2014	2014 2013	
Acute Care: Discharges Patient Days	539 1,792	587 2,058	622 1,982
Skilled Care: Discharges Patient Days	162 1,192	190 1,451	231 1,843
Behavior Health Unit: Discharges Patient Days	168 1,023	214 1,021	214 1,098
Nursery: Patient Days	287	333	268
Outpatient Occasions of Service	59,367	61,836	63,791
Rural Health Clinic Visits	42,092	42,225	40,969

STATEMENT OF NET POSITION

Net position increased 9% from \$29,037,052 to \$31,694,832. Total Current Assets increased 6%. Cash increased 18%. Net patient receivables increased 4% (48 Net Accounts Receivable Days). Current liabilities decreased 22% due a decrease in construction payables. Long term debt decreased 3%.

Table 2: Assets, Liabilities, Deferred Revenue, Net Position

	2014	2014 2013	
Assets: Current assets Capital assets, net Other noncurrent assets	\$ 24,472,701 32,402,574 3,436,747	\$ 23,138,230 32,374,635 4,536,003	\$ 20,293,387 29,298,988 7,605,818
Total assets	\$ 60,312,022	\$ 60,048,868	\$ 57,198,193
Liabilities: Long-term debt outstanding Other current and noncurrent Liabilities Total liabilities	\$ 21,455,000 4,368,190 \$ 25,823,190	\$ 22,150,000 <u>5,626,548</u> \$ 27,776,548	\$ 23,027,305
Deferred Revenue	\$ 2,794,000	\$ 3,235,268	\$
Net Position: Invested in capital assets, net of Related debt Restricted Unrestricted	\$ 10,211,836 2,017,388 	\$ 9,364,653 2,521,516 17,150,883	\$ 9,310,482 2,136,899 14,934,669
Total net position	<u>\$ 31,694,832</u>	<u>\$ 29,037,052</u>	<u>\$ 26,382,050</u>

STATEMENT OF REVENUES, EXPENSES, & CHANGES IN NET POSITION

Patient Service Revenue increased 6% from last fiscal year. Inpatient revenue decreased 1%, Swing Bed decreased 11%, Behavioral Health decreased 14%, Outpatient increased 11% and the Rural Health Clinic decreased .3%.

Contractual adjustments to Patient Service Revenue increased 16%. Adjustments for bad debt increased 5%, uncompensated care decreased 1% and Rural Health Clinic adjustments decreased 11%.

Expenses increased 2%. Salary expense decreased 6%, employee benefits decreased 8%, professional fees increased 21%, supplies and other expense increased 10%, depreciation increased 11%.

The Hospital had a net operating loss of \$610,066 compared to a net operating loss of \$385,162 in FY 2013. This is consistent with the Hospital's operating history. In 1966, when operations began as a county hospital, it was agreed that a portion of its cost would be subsidized by property tax revenues, making the facility more affordable for the county's lower income residents. Nonoperating revenue (which includes County tax support) increased by 15% due to an increase in retail pharmacy income. The excess of revenue over expense increased from \$2,655,002 to \$2,657,780 (5% total margin).

Table 3: Revenues, Expenses & Changes in Net Position

	2014	2013	2012
Operating Revenues: Patient service revenue Adjustments to patient service revenue Net patient service revenue Other operating revenue Total operating revenues	\$ 53,423,323 (19,996,742) 33,426,581 638,342 34,064,923	\$ 50,421,417 (17,750,261) 32,671,156	\$ 46,792,586 (16,582,150) 30,210,436
Operating Expenses: Salaries Employee benefits Professional fees Supplies and other expense Depreciation Amortization Total operating expenses	13,289,537 4,377,523 5,359,484 8,434,137 3,214,308 34,674,989	14,091,919 4,759,748 4,438,482 7,678,033 2,887,135 14,609 33,855,317	13,976,127 4,440,091 3,792,351 7,478,356 1,494,205 ————————————————————————————————————
Operating loss	(610,066)	(385,162)	(211,928)
Nonoperating Revenue and Expense: Property taxes Other Nonoperating revenue and Expense Total Nonoperating revenue And expense	2,161,848 1,105,998 3,267,846	2,121,802 918,362 3,040,164	1,963,859 1,390,540 3,354,399
Excess of Revenues Over Expenses	2,657,780	2,655,002	3,142,471
Net Position Beginning of Year	29,037,052	26,382,050	23,239,579
Net Position End of Year	\$ 31,694,832	\$ 29,037,052	<u>\$ 26,382,050</u>

STATEMENT OF CASH FLOWS

Changes in the Hospital's cash flows are consistent with changes in operating losses and nonoperating revenues and expenses, discussed earlier. The Hospital received cash from patient and third party payors of \$33,229,845 along with other revenue of \$620,761. Cash paid out to suppliers was \$18,090,257 and employees was \$13,326,766. Net cash provided by operating activities was a positive \$2,433,583 compared to \$3,597,231 in FY 2013.

The net increase in cash and cash equivalents was \$579,931 which included a use of cash for capital expenditures for the construction and MRI projects, and principal and interest paid on the long-term debt, and cash provided by the Retail Pharmacy income.

BUDGETARY HIGHLIGHTS

The official county budget of the Hospital for the year ended June 30, 2014 was prepared on a modified accrual basis. Revenue was .4% below budget and expense was 4% below budget. There was no amendment made to the county budget for the fiscal year.

CAPITAL ASSETS

At the end of FY 2014, the Hospital had \$32,402,574 invested in capital assets, net of accumulation depreciation. In FY 2014 the Hospital had capital additions costing \$3,385,953. The Hospital construction in progress and computer system projects at June 30, 2014 was \$187,258.

DEBT

The Hospital issued \$6,780,000 of Hospital Revenue Bonds (Series 2010A) in December, 2010 to pay the cost of expansion and renovation of the Hospital. These bonds are payable from revenues of the Hospital and final payment is due June, 2035. Interest at a rate of 7.25% is due semi- annually.

The Hospital issued \$16,720,000 of Hospital Revenue Bonds (Series 2010B) in December, 2010 to pay the cost of expansion and renovation of the Hospital. These bonds are payable from revenues of the Hospital. The bonds mature in annual installments beginning in June, 2013 through June, 2026 and installments due June, 2028 and June, 2033, with an interest rate of 2.6% - 10.0%. The Hospital is eligible to receive a 45% subsidy of interest paid from the Federal Government each year for these bonds. This subsidy was reduced approximately 8% this year due to the government sequester.

Under the terms of the Series 2010 bonds the Hospital is required to maintain certain deposits with a bank. The terms of the bonds also places limits on the incurrence of additional debt and requires the Hospital to satisfy certain measures of financial performance, Debt Service Ratio of 1.25 or greater and maintain greater than 60 days cash on hand as long as the bonds are outstanding starting in 2013. In FY 2014 the Debt Service Ratio was 3.03 and Days Cash on Hand were 174.

Total Long Term Debt outstanding at the end of FY 2014 totaled \$22,150,000.

CONTACTING THE HOSPITAL'S FINANCIAL MANAGEMENT

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the Hospital's finances and to show the Hospital's accountability for the money it receives. If you have questions about this report or need additional financial information, contact administration at Cass County Memorial Hospital, Atlantic, Iowa 50022.

CASS COUNTY MEMORIAL HOSPITAL Statements of Net Position June 30,

ASSETS

	2014	2013	
Current Assets: Cash Patient receivables, less allowances for doubtful accounts and contractual	\$ 14,062,341	\$ 11,889,026	
adjustments (\$1,802,000 in 2014, \$1,875,000 in 2013) Other receivables Inventory Prepaid expense Succeeding year property tax receivable Internally designated assets Total current assets	4,409,363 1,737,974 613,453 631,629 2,143,000 874,941 24,472,701	4,254,951 1,703,386 588,916 501,536 2,107,000 2,093,415 23,138,230	
Designated and Restricted Assets: Internally designated assets Restricted assets Less amounts required to meet current liabilities	$ \begin{array}{r} 1,426,421 \\ \underline{2,017,388} \\ 3,443,809 \\ \underline{874,941} \\ 2,568,868 \end{array} $	2,096,807 3,613,673 5,710,480 2,093,415 3,617,065	
Capital Assets: Depreciable capital assets, net Non-depreciable capital assets	31,779,753 622,821 32,402,574	31,841,560 533,075 32,374,635	
Investment in Cass County Medical Clinics, Inc.	92,192	124,391	
Other Noncurrent Assets	775,687	794,547	
Total assets	<u>\$ 60,312,022</u>	\$ 60,048,868	

LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION

	2014	2013
Current Liabilities: Current maturities of long-term debt Accounts payable Accrued employee compensation Payroll taxes withheld and accrued Accrued interest payable Other current liabilities Estimated third-party payor settlements Total current liabilities	\$ 695,000 710,516 1,722,664 469,807 139,203 200,000 431,000 4,368,190	1,745,422 1,759,893 453,158 141,276 225,000 436,000
Long-Term Debt: Bonds payable, less current maturities Total liabilities	<u>21,455,000</u> 25,823,190	
Deferred Inflows of Resources: Deferred revenue	2,794,000	, ,
Net Position: Invested in capital assets, net of related debt Restricted - expendable Unrestricted	10,211,836 2,017,388 19,465,608 31,694,832	2,521,516 17,150,883
Total liabilities, deferred inflows of resources, and net position	<u>\$ 60,312,022</u>	\$ 60,048,868

CASS COUNTY MEMORIAL HOSPITAL Statements of Revenues, Expenses and Changes in Net Position Year ended June 30,

	2014	2013	
Davience			
Revenues: Net patient service revenue	\$ 33,426,581	\$ 32,671,156	
•	•		
Other revenue	638,342	798,999	
Total revenue	34,064,923	33,470,155	
Expenses:			
Nursing service	6,207,434	6,504,654	
Other professional service	13,692,845	12,876,617	
General service	2,696,112	2,568,146	
Fiscal and administrative service	8,864,290	9,018,765	
Provision for depreciation	3,214,308	2,887,135	
Total expenses	34,674,989	33,855,317	
Operating Loss	(610,066)	(385,162)	
Non-Operating Revenues (Expenses):			
County taxes	2,161,848	2,121,802	
Investment income	132,220	171,887	
Federal interest subsidy	500,448	520,313	
Medical office building rent, net	59,498	58,225	
Southwest Iowa Mental Health Center	25,150	30,223	
services, net	139,777	97,032	
Retail pharmacy income, net	1,654,091	1,276,984	
Other rental income, net	30,523	30,051	
Interest expense	(1,620,312)	(1,523,930)	
Gain on construction settlement	124,971		
Gain on disposal of assets	810	19,050	
Non-operating revenue, net	3,183,874	2,771,414	
E CD			
Excess of Revenues Over Expenses Before Capital	2 572 909	2.206.252	
Grants and Contributions	2,573,808	2,386,252	
Capital Grants and Contributions	<u>83,972</u>	268,750	
Excess of Revenues Over Expenses and Increase			
in Net Position	2,657,780	2,655,002	
Net Position Beginning of Year	29,037,052	26,382,050	
Net Position End of Year	<u>\$ 31,694,832</u>	\$ 29,037,052	

The accompanying notes are an integral part of these statements.

CASS COUNTY MEMORIAL HOSPITAL Statements of Cash Flows Year ended June 30,

	2014	2013	
Cash flows from operating activities: Cash received from patients and third- party payors Cash paid to suppliers Cash paid to employees Other revenue Net cash provided by operating activities	\$ 33,229,845 (18,090,257) (13,326,766) <u>620,761</u> 2,433,583	\$ 33,535,680 (16,643,505) (14,080,896)	
Cash flows from noncapital financing activities: County tax revenue	2,161,848	2,121,802	
Cash flows from capital and related financing activities: Capital expenditures	(4,497,709)	(5,767,294)	
Capital grants and contributions Proceeds from disposal of assets Principal paid on long-term debt	83,972 810 (865,799)	268,750 19,050 (884,448)	
Deferred construction settlement Interest paid Federal interest subsidy received	(1,696,311) 500,448	361,268 (1,732,000) 520,313	
Net cash used in capital and related financing activities	(6,474,589)	(7,214,361)	
Cash flows from investing activities: Investment income Investment in Cass County Medical Clinics, Inc. Decrease in designated and restricted assets Rental income, received Southwest Iowa Mental Health Center services, net	143,014 (147,801) 680,074 136,362 26,513	167,987 (26,877) 3,045,128 135,631 28,439 1,276,984	
Retail pharmacy income, net Change in other noncurrent assets Net cash provided by investing activities	1,654,091 (33,164) 2,459,089	1,276,984 (40,344) 4,586,948	
Net increase in cash and cash equivalents	579,931	3,091,620	
Cash and cash equivalents at beginning of year	15,512,462	12,420,842	
Cash and cash equivalents at end of year	<u>\$ 16,092,393</u>	<u>\$ 15,512,462</u>	

(continued next page)

CASS COUNTY MEMORIAL HOSPITAL Statements of Cash Flows - Continued Year ended June 30,

	2014			2013
Reconciliation of cash and cash equivalents				
to the statements of net position: Cash in current assets	\$	14,062,341	\$	11,889,026
Cash and cash equivalents in designated and restricted assets		2,030,052		3,623,436
	<u>\$</u>	16,092,393	<u>\$</u>	15,512,462
Reconciliation of operating loss to net cash				
provided by operating activities: Operating loss	\$1	610,066)	\$ (205 162)
Adjustments to reconcile operating loss to net	\$(010,000)	\$(385,162)
cash provided by operating activities				
Provision for depreciation		3,214,308		2,887,135
Amortization		52,024		14,609
Write-off CCMC investment		180,000		180,000
Expense computer system project				4,734
Component of operating revenue reclassified				,
for purposes of reporting cash flows				
Interest income on operating funds	(17,581)	(13,047)
Change in assets and liabilities			•	,
Accounts receivable	(75,736)		412,524
Inventory	(24,537)	(138,021)
Prepaid expense	(130,093)		49,113
Accounts payable, trade		11,844		116,164
Accrued employee compensation	(37,229)		11,023
Payroll taxes withheld and accrued		16,649		6,159
Other current liabilities	(25,000)		
Estimated third-party payor settlements	(5,000)	(315,000)
Deferred EHR incentive payments		116,000)		767,000
Total adjustments		3,043,649		3,982,393
Net cash provided by operating activities	<u>\$</u>	2,433,583	<u>\$</u>	3,597,231

Non-Cash Transactions:

The Hospital also incurred the following non-cash transactions in addition to the transactions reflected in the reconciliation of operating loss to net cash provided by operating activities:

	2014	2013
Book value of equipment traded	\$	\$ 23,795

The accompanying notes are an integral part of these statements.

NOTE A - REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Reporting Entity

The organization is a county hospital with related healthcare ancillary and outpatient services. The Hospital is organized under Chapter 347 of the Code of Iowa, accordingly is a political subdivision of the State of Iowa, and is therefore exempt from federal and state income taxes. It is governed by a seven member board of trustees elected for six year terms. The Hospital has considered all potential component units for which it is financially accountable, and other organizations for which the nature and significance of their relationship with the Hospital are such that exclusion would cause the Hospital's financial statements to be misleading or incomplete. The criteria for determining financial accountability include: appointing a majority of an organization's governing body, and (a) the Hospital's ability to impose its will on that organization, or (b) the potential for the organization to provide benefits to or impose financial burdens on the Hospital. The Hospital has two component units. Cass County Medical Clinics. Inc. (CCMC) is a component unit because three out of five board members are also board members of the Hospital and should be blended with the Hospital's financial statements. The Cass County Memorial Hospital Foundation is a component unit because the Hospital is the sole beneficiary of the Foundation and should be discretely presented. The Hospital has elected to exclude the financial information of its component units from these financial statements.

Following is a summary of the approximate assets, liabilities, net position, revenues, and expenses of the component units as of and for the years ended June 30, 2014 and 2013:

	ССМН			Foundation			
	2014		2013	20	14		2013
Assets	\$ 651	,000 \$	576,000	\$	952,000	\$	792,000
Liabilities	\$ 709	,000 \$	714,000	\$		\$	
Net Position	<u>\$(58</u>	.000) <u>\$(</u>	138,000)	\$	952,000	\$	792,000
Revenues	\$ 4,430	000 \$	3,774,000	\$	333,000	<u>\$</u>	424,000
Expenses	\$ 4,350	,000 \$	3,809,000	\$	173,000	\$	468,000

2. Enterprise Fund Accounting

The Hospital uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus.

NOTE A - REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

3. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

4. Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments with a maturity of three months or less, including designated and restricted assets.

5. Inventory Valuation

Inventory is valued at the lower of cost (first-in, first-out method) or market, except for general stores inventory which is valued at average cost.

6. Investments

Investments are reported at fair value except for short-term highly liquid investments that have a remaining maturity at the time they are purchased of one year or less. These investments are carried at amortized cost. Interest, dividends, and gains and losses, both realized and unrealized, on investments are included in non-operating revenue when earned, unless restricted by donor or law.

7. Capital Assets

The Hospital's capital assets are reported at historical cost. Contributed capital assets are reported at their estimated fair value at the time of their donation. Capital assets with lives in excess of three years and cost in excess of \$5,000 are capitalized. These capital assets, other than land, are depreciated or amortized (in the case of capital leases) using the straight-line method of depreciation using their estimated useful lives (fifteen to fifty years for buildings and land improvements and five to twenty years for equipment).

8. Costs of Borrowing

Except for capital assets acquired through gifts, contributions, or capital grants, interest cost on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. Interest cost of \$73,926 was capitalized in 2014 (\$204,894 in 2013).

NOTE A - REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

9. Compensated Absences

Hospital employees earn paid time off hours at varying rates depending on years of service. Paid time off consists of holiday, vacation and sick time and accumulates to a maximum of 552 hours for full-time employees and 276 for part-time employees. Any excess over the maximum hours accumulated by the employee's anniversary date is lost. The computed amount of paid time off benefits earned by year end is recorded as part of accrued employee compensation.

10. Operating Revenues and Expenses

The Hospital's statement of revenues, expenses and changes in net position distinguishes between operating and non-operating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services - the Hospital's principal activity. Nonexchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as non-operating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

11. Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

12. Property Tax Levy

Property tax receivable is recognized on the levy or lien date, which is the date that the tax asking is certified by the County Board of Supervisors. The succeeding year property tax receivable represents taxes certified by the Board of Supervisors to be collected in the next fiscal year for the purposes set out in the budget for that year. The succeeding year property tax receivable has been recorded as a current asset and the related property tax revenue has been recorded as a deferred inflow of resources. Property tax revenue is reported as non-operating revenue when collected by the County Treasurer.

NOTE A - REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

13. Grants and Contributions

Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as non-operating revenues. Amounts restricted to capital acquisitions are reported after non-operating revenues and expenses.

14. Endowments

Endowments are provided to the Hospital on a voluntary basis by individuals and private organizations. *Permanent* endowments require that the principal or corpus of the endowment be retained in perpetuity. If a donor has not provided specific instructions, law permits the Board of Trustees to authorize for expenditure the net appreciation of the investments of endowment funds, as discussed in Note C.

15. Restricted Resources

Use of restricted or unrestricted resources for individual projects is determined by the Hospital Board of Trustees based on the facts regarding each specific situation.

16. Net Position

Net position of the Hospital is reported in the following three categories. *Invested in capital assets net of related debt* consist of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. *Restricted net position* consists of noncapital assets that must be used for a particular purpose or permanent endowments, as specified by creditors, grantors, or contributors external to the Hospital, including amounts deposited with trustees as required by revenue bond indentures, discussed in Note J. *Unrestricted net position* consists of the remaining net position that does not meet the definition of *invested in capital assets net of related debt or restricted*.

17. Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Revenue from services to these patients is automatically recorded in the accounting system at the established rates, but the Hospital does not pursue collection of the amounts. The resulting adjustments are recorded as bad debts or charity service depending on the timing of the charity determination.

NOTE A - REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

18. Prospective Accounting Change

The Governmental Accounting Standards Board has issued Statement No. 68 "Accounting and Financial Reporting for Pensions - an Amendment of GASB No. 27." This statement will be implemented for the fiscal year ending June 30, 2015. The revised requirements establish new financial reporting requirements for state and local governments which provide their employees with pension benefits, including additional note disclosures and required supplementary information. In addition, the Statement of Net Position is expected to include a significant liability for the Hospital's proportionate share of the Iowa Public Employees Retirement System pension plan.

NOTE B - THIRD-PARTY PAYOR ARRANGEMENTS

A summary of the payment arrangements with major third-party payors follows:

Medicare and Medicaid - Inpatient services and most outpatient services related to program beneficiaries are paid based on a cost reimbursement methodology. The Hospital is reimbursed for the cost of services at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the fiscal intermediaries. The Hospital's Medicare cost reports have been audited and finalized by the fiscal intermediaries through June 30, 2013. The Medicaid cost reports have been audited through June 30, 2011. However, finalized cost reports are subject to re-opening by the intermediaries within three years of the date of finalization. Outpatient services not paid based on a cost reimbursement methodology are paid based on a prospectively determined fee schedule.

The Hospital also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

NOTE C - ENDOWMENTS AND RESTRICTED ASSETS

Restricted expendable assets are available for the following purposes:

		2014		2013
Construction project Interest on Series 2010 Bonds Principal on Series 2010 Bonds	\$	170,968 1,846,420	\$	1,092,157 675,811 1,845,705
	<u>\$</u>	2,017,388	<u>\$</u>	3,613,673

The Hospital has no restricted nonexpendable assets or endowments at June 30, 2014 or 2013.

Following is a summary of the use of temporarily restricted assets during the year ended June 30:

		2014		2013
Construction project Interest on bonds Principal on bonds	\$	1,092,157 1,692,198 680,000	\$	4,007,559 1,709,618 670,000
	<u>\$</u>	3,464,355	<u>\$</u>	<u>6,387,177</u>

NOTE D - DESIGNATED ASSETS

Of the \$19,465,608 (\$17,150,883 as of June 30, 2013) of unrestricted assets as of June 30, 2014, \$1,426,421 (\$2,096,807 for 2013) has been designated by the Hospital's Board of Trustees for purposes identified in the following schedule.

Designated assets remain under the control of the Board of Trustees, which may, at its discretion, later use the funds for other purposes.

		2014		2013
Capital acquisitions and payment of long-term debt Operations	\$	198,758 1,227,663	\$	876,170 1,220,637
	<u>\$</u>	1,426,421	<u>\$</u>	2,096,807

NOTE E - DEPOSITS AND INVESTMENTS

The Hospital's deposits at June 30, 2014 were entirely covered by federal depository insurance or the State Sinking Fund in accordance with Chapter 12C of the Code of Iowa. This chapter provides for additional assessments against the depositories to ensure there will be no loss of public funds. Investments are stated as indicated in Note A.

The Hospital is authorized by statute to invest public funds in obligations of the United States Government, its agencies and instrumentalities; certificates of deposit or other evidences of deposit at federally insured depository institutions approved by the Board of Trustees; prime eligible bankers acceptances; certain high rated commercial paper; perfected repurchase agreements; certain registered open-end management investment companies; certain joint investment trusts; and warrants or improvement certificates of a drainage district.

The composition of designated and restricted assets is as follows:

	2014	2013
Internally Designated Assets: Cash and cash equivalents Certificates of deposit Donated stock Interest receivable	\$ 12,664 1,226,812 186,095 850	\$ 696,862 1,219,946 179,308 691
	<u>\$ 1,426,421</u>	\$ 2,096,807
Restricted Assets: Cash and cash equivalents U.S. government securities Accrued interest	\$ 2,017,388	\$ 2,926,574 681,844 5,255
	<u>\$ 2,017,388</u>	\$ 3,613,673

The Hospital's investment policy limits the investment of operating funds (funds expected to be expended in the current budget year or within 15 months of receipt) in instruments that mature within 397 days. Funds not identified as operating funds may be invested in investments with maturities longer than 397 days but the maturities shall be consistent with the needs and use of the Hospital.

NOTE F - FAIR VALUE MEASUREMENTS

The Hospital's investments are reported at fair value in the accompanying statements of financial position. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE F - FAIR VALUE MEASUREMENTS - Continued

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Hospital uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. Level 1 inputs were available for all investments at June 30, 2014 and 2013.

Level 1 Fair Value Measurements

The fair value of the securities is based on quoted values of the shares held by the Hospital at year-end.

The following tables set forth, by level within the fair value hierarchy, the Hospital's investments at fair value as of June 30, 2014 and 2013:

		Fair Value
		Measurements
		at Reporting
		Date Using:
		Quoted Prices
		in Active
		Markets for
		Identical
		Assets
June 30, 2014	<u>Fair Value</u>	(Level 1)
Equity securities	<u>\$ 186,094</u>	<u>\$ 186,094</u>
June 30, 2013		
Equity securities	\$ 179,308	\$ 179,308
U.S. government securities	681,844	681,844
	<u>\$ 861,152</u>	<u>\$ 861,152</u>

NOTE G - ACCOUNTS RECEIVABLE AND CONCENTRATION OF CREDIT RISK

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at June 30, 2014 and 2013, was as follows:

	 2014		2013
Receivable from:			
Patients	\$ 2,679,528	\$	2,627,932
Medicare	1,659,760		1,436,872
Medicaid	564,123		414,531
Blue Cross	777,532		864,904
Other commercial insurance carriers	224,886		365,056
Others	 305,534		420,656
	6,211,363		6,129,951
Less allowances for doubtful accounts and			
contractual adjustments	 1,802,000		1,875,000
	\$ 4,409,363	<u>\$</u>	4,254,951

NOTE H - CAPITAL ASSETS

Capital assets, additions, disposals and balances for the years ended June 30, 2014 and 2013 were as follows:

Cost	Balance 2013	Additions	Adjustment/ <u>Disposals</u>	Balance 2014
Land Improvements Buildings Building Services Equipmen Medical Office Building Fixed Equipment Major Movable Equipment Rural Health Clinic	\$ 2,731,06 30,869,38 at 4,478,41 4,890,19 2,595,26 14,934,86	2 2 2,797,866 1 4	\$ 96,217 64,628	\$ 2,811,673 30,773,165 7,276,278 4,890,191 2,595,264 15,287,963
Equipment	438,50	<u> </u>		438,506
	60,937,67	3,296,207	160,845	64,073,040
<u>Depreciation</u>				
Land Improvements Buildings Building Services Equipmen Medical Office Building Fixed Equipment Major Movable Equipment Rural Health Clinic Equipment	1,899,796 6,707,999 3,797,62 2,841,93 2,450,855 10,980,47	3 1,574,079 5 203,525 4 150,219 2 34,927 1 1,209,044	 64,628	1,986,906 8,282,077 4,001,150 2,992,153 2,485,779 12,124,887
Total Depreciation	29,096,113		64,628	32,293,287
Depreciable Capital Assets, Net	\$ 31,841,560		\$ 96,217	\$ 31,779,753
Construction in Progress	\$ 29:	\$ 2,673,806	\$ 2,584,435	\$ 89,666
Computer System Projects	97,21	396,712	396,337	97,592
Land	435,563	<u> </u>		435,563
Non-Depreciable Capital Assets	\$ 533,07	<u>\$ 3,070,518</u>	<u>\$ 2,980,772</u>	<u>\$ 622,821</u>

NOTE H - CAPITAL ASSETS - Continued

Cost	Balance 2012	Additions	Disposals	Balance 2013
Land Improvements Buildings Building Services Equipmen Medical Office Building Fixed Equipment Major Movable Equipment Rural Health Clinic	\$ 2,285,761 25,357,357 t 4,427,721 4,890,191 2,627,694 14,713,066	\$ 445,302 5,512,025 50,691 934,218	\$ 32,430 712,424	\$ 2,731,063 30,869,382 4,478,412 4,890,191 2,595,264 14,934,860
Equipment	438,506			438,506
	54,740,296	6,942,236	744,854	60,937,678
Depreciation				
Land Improvements Buildings Building Services Equipment Medical Office Building Fixed Equipment Major Movable Equipment Rural Health Clinic Equipment	1,823,070 5,360,575 3,668,811 2,691,715 2,445,979 10,478,525 413,878	76,726 1,347,423 128,814 150,219 37,303 1,190,575	32,430 688,629	1,899,796 6,707,998 3,797,625 2,841,934 2,450,852 10,980,471
Total Depreciation	26,882,553	2,934,624	721,059	29,096,118
Depreciable Capital Assets, Net	<u>\$ 27,857,743</u>	\$ 4,007,612	<u>\$ 23,795</u>	<u>\$ 31,841,560</u>
Construction in Progress	\$ 986,722	\$ 4,270,385	\$ 5,256,812	\$ 295
Computer System Projects	18,960	245,315	167,058	97,217
Land	435,563			435,563
Non-Depreciable Capital Assets	<u>\$ 1,441,245</u>	<u>\$ 4,515,700</u>	<u>\$_5,423,870</u>	<u>\$ 533,075</u>

The Hospital rents a portion of the medical office building. Depreciation expense related to the rented space was \$47,489 for the year ended June 30, 2014 (\$47,489 for 2013).

NOTE I - LEASES

Assets recorded under capital leases consist of the following at June 30:

	20	14	 2013
Medical Equipment - Less: Accumulated Amortization	\$	 	\$ 1,178,790 971,497
Net Book Value	\$		\$ 207,293

NOTE J - NON-CURRENT LIABILITIES

A schedule of changes in the Hospital's non-current liabilities for the years ended June 30, 2014 and 2013 follows:

	Balance 2013	Additions	Reductions	Balance 2014	Current Portion
Long-Term Debt: Bonds payable, Series 2010A	\$ 6,780,000	\$	\$	\$ 6,780,000	\$
Bonds payable, Series 2010B Total Long-Term Debt	16,050,000 22,830,000		680,000 680,000	<u>15,370,000</u> 22,150,000	<u>695,000</u> 695,000
Capital Lease Obligations	185,799		185,799		
Total Non-Current Liabilities	\$ 23,015,799	\$	\$ 865,799	<u>\$ 22,150,000</u>	<u>\$ 695,000</u>
	Balance 2012	Additions	Reductions	Balance 2013	Current Portion
Long-Term Debt: Bonds payable, Series 2010A	\$ 6,780,000	\$	\$	\$ 6,780,000	\$
Bonds payable, Series 2010B Total Long-Term Debt	16,720,000 23,500,000		<u>670,000</u> 670,000	<u>16,050,000</u> 22,830,000	680,000 680,000
Capital Lease Obligations	400,247		214,448	185,799	185,799
Total Non-Current Liabilities	\$ 23,900,247	\$	<u>\$ 884,448</u>	\$ 23,015,799	<u>\$ 865,799</u>

NOTE J - NON-CURRENT LIABILITIES - Continued

Bonds Payable

The Hospital issued \$6,780,000 of Hospital Revenue Bonds, Series 2010A in December, 2010, to pay for the costs of expansion and renovation of the Hospital. The bonds are payable from the revenues of the Hospital. A lump sum payment of \$6,780,000 is due June 1, 2035. The interest rate is 7.25% and is due semi-annually.

The Hospital issued \$16,720,000 of Hospital Revenue Bonds, Series 2010B in December, 2010, to pay for the costs of the expansion and renovation of the Hospital. The bonds are payable from the revenues of the Hospital. The bonds mature in annual installments beginning in June, 2013, through June, 2026, and installments due June, 2028 and June, 2033, with an interest rate of 2.6% - 10.0%. The Hospital is eligible to receive a 45% subsidy of interest paid from the Federal Government each year.

The annual debt service on the bonds is expected to require less than 34% of cash flow available for debt service. For the current year, debt service and cash flow available for debt service were approximately \$2,562,000 and \$7,544,000 respectively.

Under the terms of the bonds, the Hospital is required to maintain certain deposits with a bank. Such deposits are included with restricted assets in the financial statements. The bonds also place limits on the incurrence of additional borrowings and require that the Hospital satisfy certain measures of financial performance as long as the bonds are outstanding.

Capital Leases

The Hospital has entered into three capital leases for the purchase of equipment. The leases carried interest rates of 6.93% to 20.34%. The leases matured from August, 2013 to January, 2014.

Scheduled principal and interest repayments on the long-term debt are as follows:

Year ending June 30,	Long-T Principal	Term Debt Interest
2015 2016 2017 2018 2019 2020-2024 2025-2029 2030-2034 2035	\$ 695,000 710,000 730,000 750,000 775,000 4,315,000 3,655,000 3,740,000 6,780,000	\$ 1,670,438 1,642,638 1,608,912 1,569,858 1,526,732 6,812,507 5,131,770 3,953,750 491,550
	<u>\$ 22,150,000</u>	<u>\$ 24,408,155</u>

NOTE K - DEFERRED INFLOWS OF RESOURCES

The deferred inflows of resources include electronic health records (EHR) incentive payments, construction settlement proceeds, and deferred succeeding year property tax. The EHR revenue will be recognized over four years, as the related equipment is depreciated. The construction settlement proceeds were used for reconstructing portions of the newly constructed patient rooms. The deferred succeeding year property tax represents taxes certified by the Board of Supervisors to be collected in the next fiscal year for the purposes set out in the budget for that year. Amounts deferred and sources are listed below:

		2014		2013
Electronic health records incentive Construction settlement Deferred succeeding year property tax	\$	651,000 2,143,000	\$	767,000 361,268 2,107,000
	<u>\$</u>	2,794,000	<u>\$</u>	3,235,268

NOTE L - PENSION AND RETIREMENT BENEFITS

The Hospital contributes to the Iowa Public Employees Retirement System (IPERS) which is a cost-sharing multiple-employer defined benefit pension plan administered by the State of Iowa. IPERS provides retirement and death benefits which are established by State statute to plan members and beneficiaries. IPERS issues a publicly available financial report that includes financial statements and required supplementary information. The report may be obtained by writing to IPERS, P.O. Box 9117, Des Moines, Iowa, 50306-9117.

Plan members are required to contribute 5.95% of their annual salary and the Hospital is required to contribute 8.93% of annual covered payroll. Contribution requirements are established by State statute. The Hospital's contributions to IPERS for the years ended June 30, 2014, 2013, and 2012, were approximately \$1,234,000, \$1,245,400, and \$1,176,400, respectively, equal to the required contributions for each year.

NOTE M - DEFERRED COMPENSATION PLAN

The Hospital offers its employees a deferred compensation plan as allowed by Internal Revenue Code Section 457. The plan allows Hospital employees to defer a portion of their current salary until future years. The Hospital matches a portion of employee contributions to the employees' accounts. The Hospital's contribution expense totaled approximately \$220,300 and \$227,500 for the years ended June 30, 2014 and 2013, respectively. The Hospital's accounting and personnel departments are responsible for the accounting, reconciliations and record keeping associated with employees' enrollment, payments to the plan through payroll deductions, and timely transfer of withheld funds to the independent contractor for investment. The plan is designed so that each participant retains investment control of his/her individual account. The employees become eligible to withdraw funds upon termination, retirement, death or unforeseeable emergency.

NOTE M - DEFERRED COMPENSATION PLAN - Continued

The Hospital's fiduciary responsibility is limited to due care in selecting contractors to administer the Plan. These contractors are responsible for withholdings and W-2s when the participants receive payments. The contractors are also required to submit an annual report to the Hospital. The Hospital is liable to a participant only for income lost because of its failure to send payment of a deferred amount as directed by the participant.

The market value of the exclusive benefit plan assets at June 30, 2014 was approximately \$12,172,000 (\$10,886,000 at June 30, 2013). This amount is not included in the financial statements since the Hospital does not own or hold in a trustee capacity the amounts deferred by employees and related income on those amounts.

NOTE N - RELATED PARTIES

Southwest Iowa Mental Health Center

The Hospital has entered into a sharing agreement with Southwest Iowa Mental Health Center, pursuant to Chapter 28E of the Iowa Code, to deliver mental health services in the area. Under the agreement, all non-physician personnel became employees of the Hospital. The Mental Health Center agreed to purchase all non-physician services necessary for the Center's operations from the Hospital. Tax funds collected by the Hospital for a portion of the cost of the Center's non-physician personnel result in credits being passed through to the Center. The Hospital agreed to purchase all mental health physician services necessary for its inpatient operation from the Center.

The Hospital has agreed to provide operating capital and fund operating deficits of the Center. During the year ended June 30, 2014, the Hospital provided \$50,000 (\$50,000 in 2013) of operating capital. The Center had net income in 2014 of \$113,264 (income of \$18,593 in 2013) without the Hospital's funding.

Below is a summary of the activity and amounts due under the agreement with the Mental Health Center as of June 30:

	2014	2013
Hospital expense to Mental Health Center for physicians	<u>\$ 267,174</u>	\$ 309,861
Support and net deficit funding from Hospital to Mental Health Center	<u>\$ 95,035</u>	<u>\$ 113,388</u>
Hospital revenue for Mental Health Center personnel costs and insurance	<u>\$ 1,410,288</u>	<u>\$ 1,257,836</u>
Owed to Hospital by the Mental Health Center	<u>\$ 882,327</u>	<u>\$ 826,735</u>

NOTE N - RELATED PARTIES - Continued

The financial arrangements for the 2014-2015 year are based on the budgeted needs of each entity. The Hospital has agreed to pay the Mental Health Center approximately \$396,000, which includes financial support and payment for physician services. The Center agreed to pay the Hospital approximately \$1,227,000 for non-physician services. Future financial arrangements will be determined annually based on a review of actual operations and needs.

Health Partners of Southwest Iowa

The Hospital has joined with two other area hospitals (Myrtue Medical Center of Harlan and Montgomery County Memorial Hospital of Red Oak) to form a 28E organization, Health Partners of Southwest Iowa (HPSI). The organization was formed to share ideas, capital, and resources and to assist in the containment of healthcare costs, while improving the quality of healthcare being delivered in the member hospital service areas. Each of the three members purchase mobile scanning and other services from the organization.

Below is a summary of the Hospital's transactions with HPSI and year end balances involving the 28E organization:

	2014	2013
Services purchased from HPSI	\$ 121,844	<u>\$ 120,457</u>
Services and supplies provided to HPSI	<u>\$ 155,713</u>	<u>\$ 173,759</u>
Amount due from HPSI	<u>\$ 231,985</u>	<u>\$ 190,484</u>
Member share of net assets	\$ 465,322	<u>\$ 452,158</u>

The member share of net assets is included in other noncurrent assets and the amount due from HPSI is included in other receivables on the balance sheet. The Hospital has no ongoing financial interest in or responsibility to HPSI, other than that disclosed above. Financial statements of HPSI will be on file at the Hospital and the Office of the State Auditor.

Cass County Memorial Hospital Foundation

Cass County Memorial Hospital Foundation is a separate not-for-profit organization with an independent board of directors. The Hospital is the sole beneficiary of the Foundation. During the year ended June 30, 2014, contributions received from this organization were approximately \$41,000 (\$227,000 for 2013).

NOTE O - CASS COUNTY MEDICAL CLINICS

The Hospital and local physicians developed a not-for-profit corporation, Cass County Medical Clinics, Inc. (CCMC), to operate three local medical practices (Atlantic Medical Center, Eye Associates and Southwest Iowa Surgery). CCMC leases medical office space, and purchases medical services and supplies from the Hospital. CCMC also purchases health insurance coverage through the Hospital's self-funded group health insurance plan. The Hospital provided start up and operating capital to CCMC over several years, for the benefit of the community. During the year ended June 30, 2014, the Hospital recorded an allowance of \$180,000 against the advances (\$180,000 for 2013). The operations of CCMC are managed by the Hospital and physicians. The Hospital has pledged to support CCMC as may be necessary in the future.

The Hospital contracts with the physicians of CCMC-Atlantic Medical Center for the operation of its four rural health clinics. In addition, the Hospital began to purchase emergency room physician coverage during fiscal year 2013. The Hospital purchases the physician services based on a budgeted amount, set prior to the start of each year. After the completion of the year, an analysis is prepared to determine any net settlement.

Transactions between the Hospital and CCMC are listed below:

	2014	2013
CCMC purchases from Hospital Rent of medical office space Medical services, insurance, and other expenses Health insurance	\$ 65,274 132,667 267,606	\$ 65,274 89,534 238,290
	<u>\$ 465,547</u>	\$ 393,098
Hospital purchases from CCMC Physician clinic services Physician emergency room services	\$ 2,345,000 469,837 \$ 2,814,837	\$ 2,240,000 343,172 \$ 2,583,172
Following is a schedule of the investment in CCMC as of	June 30:	
	2014	2013
Purchases of physician practices Advances of operating capital, and unpaid rent and insurance	\$ 84,944	\$ 84,944
	7,248	39,447
	<u>\$ 92,192</u>	\$ 124,391

NOTE P - OTHER POST EMPLOYMENT BENEFITS (OPEB)

Plan Description: As required by state law, the Hospital offers health insurance to former employees who have retired after age 55, but have not reached Medicare eligibility. The fully insured plan is a part of the plan offered to all Hospital employees, and the retirees must pay the full cost of the health insurance premium equal to that charged for current employees. There are 217 active employees and 12 retirees currently covered by the health insurance plan.

Funding Policy: The Hospital does not set aside funds to pay for any OPEB liability. Any Hospital costs of an implicit health insurance premium rate subsidy are charged to expense in the year paid.

Net OPEB Obligation: Management of the Hospital considers any OPEB obligation, which may exist, to be immaterial. Therefore the Hospital has elected to not obtain an actuarial evaluation of the OPEB liability.

Generally accepted accounting principles, established under GASB Statement No. 45, require that an actuarial or alternative computation of a liability be completed. The independent auditor's report regarding the financial statements has been qualified as a result of not obtaining the required evaluation and not recording any potential material OPEB liability.

NOTE Q - COMMITMENTS AND CONTINGENCIES

Self-Funded Health Insurance

The Hospital has established an employee health insurance program. Under the self-insured plan, the Hospital pays claims up to maximum limits and carries stop loss insurance for claims in excess of the limits. The estimated amount of unpaid claims at June 30, 2014 is \$200,000 (\$225,000 at June 30, 2013), which is reported in other current liabilities.

Construction in Progress

As of June 30, 2014, the Hospital incurred costs totaling \$89,666, primarily to replace the various signs of the health system. The estimated cost to complete the project is less than \$50,000, which will be financed with internally generated funds.

Computer System Project and Equipment

As of June 30, 2014, the Hospital incurred fees of \$97,592 for various computer hardware and software applications, and equipment that had not been completed and placed in service. The estimated cost to complete the items is \$55,000.

Notes Receivable

Reported as part of other noncurrent assets on the balance sheets are notes receivable with a balance of \$88,049 as of June 30, 2014 (\$120,073 as of June 30, 2013). The notes receivable represent funds advanced under agreements with physicians who have begun to practice in the community. The agreements include commitments by the physicians to provide medical services in the community for a specified period of years. In exchange for the commitments of time and services, the Hospital will forgive the notes over the terms of the commitments.

NOTE Q - COMMITMENTS AND CONTINGENCIES - Continued

Risk Management

The Hospital is insured by a claims-made policy for protection against liability claims resulting from professional services provided or which should have been provided. Management believes that the malpractice insurance coverage is adequate to cover all asserted and any unasserted claims, therefore no related liability has been accrued. Cass County Memorial Hospital is exposed to various other common business risks for which it is covered by commercial insurance. Settled claims from these risks have not exceeded insurance coverage during the past three years.

Subsequent Events

The Hospital has evaluated all subsequent events through October 8, 2014, the date the financial statements were available to be issued.

NOTE R - RECLASSIFICATION OF BALANCES

Certain titles and items on the statement of net position as of June 30, 2013 have been reclassified to be comparable to the amounts and titles reported at June 30, 2014. The changes had no effect on the total assets or the total of the combined liabilities, deferred inflows of resources, and net position of the Hospital.

* * *

REQUIRED SUPPLEMENTARY INFORMATION

CASS COUNTY MEMORIAL HOSPITAL Budgetary Comparison Schedule Year Ended June 30, 2014

This budgetary comparison is presented as Required Supplementary Information in accordance with Government Auditing Standards. In accordance with the Code of Iowa, the Board of Trustees annually adopts a budget following required public notice and hearings. The annual budget may be amended during the year utilizing similar statutorily-prescribed procedures. The following is a reconciliation between reported amounts and the modified accrual basis used to prepare the budget. The adjustments result from accounting for interest and net position differently for financial statement and budget purposes. For the year ended June 30, 2014, the Hospital's expenditures did not exceed the amount budgeted.

	Per Financial Statements				
		Unrestricted Fund	Restricted Fund		Total
Amount raised by taxation		\$ 2,161,848	\$	\$	2,161,848
Other revenues Transfers in (out), net		35,170,921 504,128	(504,128)		35,170,921
		37,836,897	(504,128)	1	37,332,769
Expenses		34,674,989			34,674,989
Net		3,161,908	(504,128)	١	2,657,780
Balance beginning of year		26,515,536	2,521,516		29,037,052
Balance end of year		\$ 29,677,444	\$ 2,017,388	<u>\$</u>	31,694,832
	Total Per Financial Statements	Budget Adjustments	Budget Basis		Adopted Budget
Amount raised by taxation	\$ 2,161,848	\$	\$ 2,161,848	\$	2,107,234
Other revenues	35,170,921 37,332,769	1,620,312 1,620,312	36,791,233 38,953,081		37,003,861 39,111,095
Expenses	<u>34,674,989</u>	1,620,312	36,295,301		37,895,950
Net	2,657,780		2,657,780		1,215,145
Balance beginning of year	29,037,052	_(448,055)	28,588,997		28,588,997
Balance end of year	\$ 31,694,832	\$(448,055)	\$ 31,246,777	<u>\$</u>	29,804,142

See Independent Auditor's Report.

SUPPLEMENTARY INFORMATION

CASS COUNTY MEMORIAL HOSPITAL Patient Receivables June 30,

Analysis of Aging:

	2014		2013	
Days Since Discharge	Amount	Percent to Total	Amount	Percent to Total
0 - 30 31 - 60 61 - 90 91 - 120 121 and over In hospital Total hospital Rural Health Clinic	\$ 1,973,814 668,038 354,949 311,564 696,708 4,005,073 1,172,191 5,177,264 1,034,099 6,211,363	31.8% 10.8 5.7 5.0 11.2 64.5 18.9 83.4 16.6	\$ 1,959,271 639,344 432,294 310,586 812,366 4,153,861 1,043,336 5,197,197 932,754 6,129,951	32.0% 10.4 7.0 5.1 13.3 67.8 17.0 84.8 15.2 100.0%
Less: Allowance for doubtful accounts - hospital Allowance for doubtful accounts - RHC Allowance for contractual adjustments - hospital	386,000 355,000 1,061,000 \$ 4,409,363		450,000 320,000 1,105,000 \$ 4,254,951	

Hospital Allowance for Doubtful Accounts:

	Year ende	ed June 30, 2013
Balance, beginning	\$ 450,000	\$ 327,000
Provision for bad debts	2,881,265	2,733,410
Recoveries of accounts previously written off	<u>414,587</u> 3,745,852	420,640 3,481,050
Accounts written off	3,359,852	3,031,050
Balance, ending	<u>\$ 386,000</u>	<u>\$ 450,000</u>

See Independent Auditor's Report.

CASS COUNTY MEMORIAL HOSPITAL Other Receivables/Inventory/Prepaid Expense June 30,

		2014		2013
Other Receivables Shared services Health Partners of Southwest Iowa Lifeline Southwest Iowa Mental Health Center Other	\$	125,361 231,985 8,146 882,327 490,155	\$	124,191 190,484 41,344 826,735 520,632
	<u>\$</u>	1,737,974	<u>\$</u>	1,703,386
Inventory General stores Pharmacy Laboratory Rural Health Clinic Dietary Fuel oil	\$ 	71,825 435,643 74,927 15,000 6,285 9,773 613,453	\$	59,543 419,754 78,689 15,000 7,211 8,719 588,916
Prepaid Expense Dues Insurance Maintenance agreements and other	\$	17,490 53,128 561,011	\$	17,280 45,150 439,106
	<u>\$</u>	631,629	\$	501,536

CASS COUNTY MEMORIAL HOSPITAL Patient Service Revenue Year ended June 30,

	2014	2013
Daily Patient Services: Medical and surgical Obstetric Intensive care Nursery Psychiatric services	\$ 1,633,681 218,714 465,007 140,126 1,523,161 3,980,689	\$ 1,678,051 263,840 548,344 154,688 1,934,654 4,579,577
Other Nursing Services: Operating room Recovery room Delivery and labor rooms Central services and supply Intravenous therapy Emergency service Oncology service Enterstomal therapy	5,792,071 811,509 269,490 3,071,388 379,752 2,551,975 254,189 120,650 13,251,024	5,089,011 729,498 261,572 2,750,064 277,024 2,291,182 248,343 95,221 11,741,915
Other Professional Services: Emergency room physicians Laboratory Blood bank Electrocardiology Cardiac stress testing Ambulatory electrocardiology Radiology CT scanning MRI scanning Nuclear medicine and ultrasound Pharmacy Anesthesia Respiratory care Physical therapy Speech therapy Occupational therapy Cardiac rehabilitation Diabetic center Sleep study Rural Health Clinics	1,266,267 6,960,103 76,792 235,303 131,794 142,418 2,330,812 3,584,566 1,437,280 1,387,019 6,301,018 1,635,399 1,075,424 1,663,037 198,288 331,992 284,507 58,226 315,921 6,775,444 36,191,610	1,266,267 6,767,459 104,821 204,039 126,035 135,975 2,254,269 3,012,946 1,321,047 1,381,956 5,318,489 1,811,680 1,282,193 1,342,386 172,452 295,012 217,888 66,256 225,888 6,792,867 34,099,925

CASS COUNTY MEMORIAL HOSPITAL Patient Service Revenue - Continued Year ended June 30,

		 2014		2013
	SUMMARY			
Inpatient Swing Bed Psychiatric Services Outpatient Rural Health Clinics		\$ 6,110,339 1,536,529 1,874,803 37,126,208 6,775,444	\$	6,167,190 1,731,735 2,189,593 33,540,032 6,792,867
		\$ 53,423,323	<u>\$</u>	50,421,417

CASS COUNTY MEMORIAL HOSPITAL Revenue and Related Adjustments Year ended June 30,

	2014	2013
Net Patient Service Revenue: Patient service revenue Contractual adjustments - hospital Provision for bad debts - hospital Provision for contractual adjustment and bad debts - RHC Uncompensated care	\$ 53,423,323 (16,026,751) (2,881,265) (641,394) (447,332)	\$ 50,421,417 (13,840,833) (2,733,410) (722,831) (453,187) \$ 22,671,156
Other Revenue: Interest income on operating funds Meals sold to employees and guests Meals on wheels Visiting physician clinic rent Operating grants Medical record transcripts VHA participation Biomedical service Nursing education Other	\$ 17,581 166,537 58,832 211,156 29,872 2,167 43,339 32,235 3,212 73,411	\$ 32,671,156 \$ 13,047 180,309 59,672 218,257 139,376 1,738 56,361 27,526 3,890 98,823
	<u>\$ 638,342</u>	<u>\$ 798,999</u>

CASS COUNTY MEMORIAL HOSPITAL Nursing Service Expenses Year ended June 30,

	2014	2013
Nursing Administration: Salaries and wages Supplies and other expense	$ \begin{array}{r} \$ & 216,417 \\ & 3,510 \\ \hline & 219,927 \end{array} $	\$ 174,000 3,430 177,430
In-Service Training: Salaries and wages Supplies and other expense	72,374 44,356 116,730	73,931 36,788 110,719
Quality Assurance: Salaries and wages Supplies and other expense	235,312 11,944 247,256	222,421 109,867 332,288
Nursing Supervision: Salaries and wages Supplies and other expense	289,238 176 289,414	267,168 119 267,287
Medical and Surgical: Salaries and wages Supplies and other expense	1,040,857 57,934 1,098,791	1,099,656 72,090 1,171,746
Psychiatric Services: Salaries and wages Professional fees Supplies and other expense	658,828 267,174 20,277 946,279	835,658 309,861 19,490 1,165,009
Intensive Care: Salaries and wages Supplies and other expense	317,738 9,203 326,941	380,633 4,209 384,842
Obstetric: Salaries and wages Supplies and other expense	258,327 30,404 288,731	298,802 46,814 345,616
Nursery: Salaries and wages	134,623	155,765

CASS COUNTY MEMORIAL HOSPITAL Nursing Service Expenses - Continued Year ended June 30,

	2014	2013
Operating Room: Salaries and wages Professional fees Supplies and other expense	\$ 491,482 58,813 200,860 751,155	\$ 505,241 48,784 155,034 709,059
Recovery Room: Salaries and wages Supplies and other expense	50,012	48,823 523 49,346
Delivery and Labor Rooms: Salaries and wages	59,120	68,405
Central Services and Supply: Salaries and wages Supplies sold to patients Supplies and other expense	29,666 614,557 8,089 652,312	33,309 555,914 8,065 597,288
Intravenous Therapy: Solutions Supplies and other expense	9,071 55,535 64,606	9,355 63,872 73,227
Emergency Room: Salaries and wages Supplies and other expense	410,118 55,233 465,351	358,508 42,393 400,901
Outpatient Clinics: Salaries and wages Supplies and other expense	456,859 39,327 496,186 \$ 6,207,434	457,852 37,874 495,726 \$ 6,504,654

CASS COUNTY MEMORIAL HOSPITAL Other Professional Service Expenses Year ended June 30,

	2014	2013
Emergency Room Physicians: Salaries and wages Professional fees	\$ 196,950 <u>731,228</u> 928,178	\$ 214,681 542,229 756,910
Laboratory: Salaries and wages Professional fees Supplies and other expense Cost of chemistry reagents	677,127 348,154 382,805 371,116 1,779,202	763,538 405,404 345,125 348,943 1,863,010
Blood Bank: Cost of blood	87,400	124,184
Electrocardiology: Salaries and wages	10,932	9,603
Cardiac Stress Testing: Salaries and wages Professional fees Supplies and other expense	6,179 1,064 <u>775</u> 8,018	5,600 560 947 7,107
Ambulatory Electrocardiology: Salaries and wages Purchased services Supplies and other expense	11,154 8,936 172 20,262	10,143 8,080 308 18,531
Radiology: Salaries and wages Professional fees Cost of film Supplies and other expense	334,228 5,184 578 318,309 658,299	346,299 5,135 552 217,905 569,891
CT and MRI Scanning: Salaries and wages Purchased services Supplies and other expense	127,263 238,822 159,773 525,858	78,373 151,538 128,740 358,651

CASS COUNTY MEMORIAL HOSPITAL Other Professional Service Expenses - Continued Year ended June 30,

	2014	2013
Nuclear Medicine and Ultrasound: Salaries and wages Purchased services Supplies and other expense	$ \begin{array}{r} 105,987 \\ 134,628 \\ \underline{41,805} \\ 282,420 \end{array} $	\$ 104,113 123,792 49,437 277,342
Pharmacy: Salaries and wages Drugs Supplies and other expense	588,291 1,145,743 182,932 1,916,966	589,861 958,148 <u>158,456</u> 1,706,465
Anesthesia: Professional fees Supplies and other expense	597,788 1,601 599,389	628,411 14,390 642,801
Respiratory Care: Salaries and wages Oxygen Supplies and other expense	$ \begin{array}{r} 227,784 \\ 20,329 \\ \underline{8,951} \\ 257,064 \end{array} $	225,351 20,544 7,305 253,200
Physical Therapy: Salaries and wages Professional fees Supplies and other expense	5,316 619,301 19,925 644,542	349,578 16,518 57,446 423,542
Occupational Therapy: Salaries and wages Professional fees Supplies and other expense	104 117,154 12,298 129,556	109,955 13,951 123,906
Speech Therapy: Salaries and wages Professional fees Supplies and other expense	113,248 644 113,892	50,045 2,623 52,668

CASS COUNTY MEMORIAL HOSPITAL Other Professional Service Expenses - Continued Year ended June 30,

	2014	2013
Cardiac Rehabilitation: Salaries and wages Supplies and other expense	\$ 153,155 35,185 188,340	9,842
Diabetic Center: Salaries and wages Supplies and other expense	105,301 6,761 112,062	13,198
Medical Records: Salaries and wages Supplies and other expense Microfilming services purchased	302,283 58,731 <u>9,727</u> 370,741	57,612 2,146
Medical Education - Community Orientation Program: Supplies and other expense	1,332	4,292
Care Coordination: Salaries and wages Supplies and other expense	178,492 23,112 201,604	21,535
Sleep Studies: Purchased services Supplies and other expense	64,875	1

CASS COUNTY MEMORIAL HOSPITAL Other Professional Service Expenses - Continued Year ended June 30,

	2014	2013
Rural Health Clinic - Atlantic: Salaries and wages Professional fees Purchased services Facility costs Supplies and other expense	$\begin{array}{r} \$ & 1,794,321 \\ & 2,248,397 \\ & 27,882 \\ & 61,339 \\ \hline & 250,211 \\ \hline & 4,382,150 \end{array}$	\$ 1,838,657 2,128,404 50,226 46,510 241,337 4,305,134
Rural Health Clinic - Anita: Salaries and wages Professional fees Facility costs Supplies and other expense	87,661 27,722 20,084 	81,063 29,826 20,621 9,237 140,747
Rural Health Clinic - Massena: Salaries and wages Professional fees Facility costs Supplies and other expense	56,807 34,474 9,822 10,380 111,483	56,622 42,053 5,788 15,307 119,770
Rural Health Clinic - Griswold: Salaries and wages Professional fees Facility costs Supplies and other expense	66,012 60,617 20,403 8,159 155,191 \$ 13,692,845	67,644 62,885 21,134 15,111 166,774 \$ 12,876,617

CASS COUNTY MEMORIAL HOSPITAL General Service Expenses Year ended June 30,

		2014		2013
Dietary:				
Salaries and wages	\$	441,355	\$	435,420
Food	4	228,106	*	233,053
Supplies and other expense		103,126		56,115
		772,587		724,588
Operation of Plant:				
Salaries and wages		393,634		379,821
Electricity		173,892		169,805
Natural gas and fuel oil		123,334		96,843
Water		36,643		45,225
Supplies and other expense		301,034		274,865
		1,028,537		966,559
Clinical Equipment:				
Contracted services		104,303		99,120
Supplies and other expense		4,746		4,083
-		109,049		103,203
Housekeeping:				
Salaries and wages		390,256		375,993
Contracted management services		225,698		212,765
Supplies and other expense		54,730		58,075
		670,684		646,833
Laundry and Linen:				
Salaries and wages		25,257		37,654
Contracted management services		22,531		22,218
Supplies and other expense		66,063		65,680
Linens		1,404		1,411
		115,255		126,963
	<u>\$</u>	2,696,112	<u>\$</u>	2,568,146

CASS COUNTY MEMORIAL HOSPITAL Fiscal and Administrative Service Expenses Year ended June 30,

	 2014	 2013
Administrative Services: Salaries and wages Dues and subscriptions Legal publications and advertising Consulting fees Physician recruiting Supplies and other expense	\$ 293,676 38,498 7,956 84,116 274,082 179,639 877,967	\$ 294,762 44,264 11,016 173,447 232,578 178,218 934,285
Fiscal Services: Salaries and wages Telephone Freight and postage Professional fees Supplies and other expense	 376,516 53,083 18,173 39,427 162,878 650,077	 356,077 38,961 13,697 44,965 142,870 596,570
Admissions: Salaries and wages Supplies and other expense	 288,803 10,600 299,403	 294,952 9,008 303,960
Credit and Collections: Salaries and wages Supplies and other expense Collection expense	 183,771 105,639 131,592 421,002	 177,699 82,218 118,230 378,147
Information Systems: Salaries and wages Professional fees Supplies and other expense	651,655 5,623 495,201 1,152,479	 628,157 422,072 1,050,229
Human Resources: Salaries and wages Supplies and other expense	 235,729 122,863 358,592	 209,790 116,319 326,109
Public Relations: Salaries and wages Supplies and other expense	 65,039 116,803 181,842	 66,784 95,811 162,595
Purchasing: Salaries and wages Supplies and other expense	 133,437 48,156 181,593	 131,834 36,629 168,463

CASS COUNTY MEMORIAL HOSPITAL Fiscal and Administrative Service Expenses - Continued Year ended June 30,

	2014	2013
Employee Welfare: Social Security tax Iowa Public Employees' Retirement System Group health insurance Workers' compensation insurance Deferred compensation Other	\$ 947,194 1,233,977 1,746,896 115,219 220,271 113,966 4,377,523	\$ 993,550 1,245,443 2,050,210 115,474 227,468 127,603 4,759,748
Insurance: Liability and property insurance	175,201	151,080
Wellness: Supplies and other expense	13,701	18,567
Compliance: Supplies and other expense	9,588	20,004
Customer Service: Salaries and wages Supplies and other expense	12,146 111,231 123,377	11,554 104,085 115,639
Foundation: Salaries and wages	41,945 \$ 8,864,290	33,369 \$ 9,018,765
Summary of Expenses		
Salaries and wages Employee benefits Professional fees Supplies and other expense	\$ 13,289,537 4,377,523 5,359,484 8,434,137 \$ 31,460,681	\$ 14,091,919 4,759,748 4,438,482 7,678,033 \$ 30,968,182

CASS COUNTY MEMORIAL HOSPITAL Comparative Statistics Year ended June 30,

	2014	2013	2012	_2011_	2010
Acute Care: Admissions	540	590	620	611	670
Discharges	539	587	622	611	673
Patient Days	1,792	2,058	1,982	1,807	1,958
Average Length of Stay	3.32	3.51	3.19	2.96	2.91
Average Occupied Beds	4.9	5.6	5.4	5.0	5.4
Swing Bed: Admissions	164	189	229	208	247
Discharges	162	190	231	209	244
SNF Days	1,192	1,451	1,843	1,633	1,639
Average Occupied Beds	3.3	4.0	5.0	4.5	4.5
Combined Average Occupied Beds	8.2	9.6	10.4	9.5	9.9
Psychiatric Unit: Admissions	162	211	220	271	258
Discharges	168	214	214	274	255
Patient Days	1,023	1,021	1,098	976	1,017
Average Occupied Beds	2.8	2.8	3.0	2.7	2.8
Total Average Occupied Beds	11.0	12.4	13.4	12.2	12.7
Nursery Days	287	333	268	297	249
Outpatient Occasions of Service	59,367	61,836	63,791	63,279	63,719
Physician Clinic Visits	42,092	42,225	40,969	38,672	39,384

CASS COUNTY MEMORIAL HOSPITAL Comparative Statements of Net Position June 30,

	2014	2013
Current Assets: Cash Patient receivables, net Other receivables Inventory Prepaid expense Succeeding year property tax receivable Internally designated assets Total current assets	\$ 14,062,341 4,409,363 1,737,974 613,453 631,629 2,143,000 874,941 24,472,701	\$ 11,889,026 4,254,951 1,703,386 588,916 501,536 2,107,000 2,093,415 23,138,230
Other Assets: Designated and restricted assets, net Capital assets, net Other noncurrent assets Total other assets	2,568,868 32,402,574 <u>867,879</u> 35,839,321 \$ 60,312,022	3,617,065 32,374,635 918,938 36,910,638 \$ 60,048,868
Current Liabilities: Current maturities of long-term debt Accounts payable Accrued expenses Estimated third-party payor settlements Total current liabilities	\$ 695,000 710,516 2,531,674 431,000 4,368,190	\$ 865,799 1,745,422 2,579,327 436,000 5,626,548
Capital Lease Obligations, Net		
Bonds Payable, Net	21,455,000	22,150,000
Deferred Inflows of Resources: Deferred Revenue	2,794,000	3,235,268
Net Position	31,694,832	29,037,052
	<u>\$ 60,312,022</u>	<u>\$ 60,048,868</u>

	2012		2011		2010
\$	8,915,658	\$	7,256,381	\$	3,636,087
	4,767,569		4,067,652		5,064,426
	1,534,699		872,088		913,607
	450,895		520,233		572,468
	550,649		521,870		449,963
	2,013,000		1,950,000		1,851,000
	2,060,917		486,059		493,092
	20,293,387		15,674,283		12,980,643
	6,559,492		22,588,859		5,992,362
	29,298,988		13,400,851		9,313,124
	1,046,326		924,221		1,085,656
	36,904,806		36,913,931		16,391,142
					, ,
\$_	57,198,193	\$	52,588,214	\$_	29,371,785
\$	872,942	\$	241,129	\$	460,393
	1,586,575		616,749		650,584
	2,565,321		2,272,731		2,131,356
	751,000		449,000		660,000
	5,775,838		3,579,609		3,902,333
	197,305		319,026		529,706
	237,000		2-2,0-0		,
	22,830,000		23,500,000		
	2,013,000		1,950,000		1,851,000
	26,382,050		23,239,579		23,088,746
\$_	57,198,193	¢	52,588,214	\$	29,371,785
<u>n</u>	21,170,173	<u>\$</u>	24,200,414	<u> </u>	<u> </u>

CASS COUNTY MEMORIAL HOSPITAL Comparative Statements of Revenues and Expenses Year ended June 30,

	2014	2013
Patient Service Revenue	\$ 53,423,323	\$ 50,421,417
Adjustments to Patient Service Revenue	(19,996,742)	(17,750,261)
Net Patient Service Revenue	33,426,581	32,671,156
Other Revenue	638,342	798,999
Total Revenue	34,064,923	33,470,155
Expenses	34,674,989	33,855,317
Operating Loss	(610,066)	(385,162)
Non-Operating Revenue, Net	3,183,874	2,771,414
Capital Grants and Contributions	83,972	268,750
Excess of Revenues Over Expenses	<u>\$ 2,657,780</u>	\$ 2,655,002

2012	2011	2010
\$ 46,792,586	\$ 44,871,636	\$ 44,929,206
(16,582,150)	(16,961,710)	(15,406,862)
30,210,436	27,909,926	29,522,344
<u>758,766</u>	844,730	1,142,048
30,969,202	28,754,656	30,664,392
31,181,130	31,436,858	31,838,929
(211,928)	(2,682,202)	(1,174,537)
3,269,283	2,746,127	1,865,380
85,116	86,908	84,914
\$ 3,142,471	<u>\$ 150,833</u>	<u>\$ 775,757</u>

COMMENTS AND RECOMMENDATIONS

Gronewold, Bell, Kyhnn & Co. P.C.

CERTIFIED PUBLIC ACCOUNTANTS • BUSINESS AND FINANCIAL CONSULTANTS

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Mark D. Kyhnn David L. Hannasch Kenneth P. Tegels Christopher J. Nelson David A. Ginther

Independent Auditor's Report on Internal Control over Financial Reporting
and on Compliance and Other Matters

Based on an Audit of Financial Statements Performed in Accordance with
Government Auditing Standards

To the Board of Trustees Cass County Memorial Hospital Atlantic, Iowa

We have audited the financial statements of Cass County Memorial Hospital as of and for the year ended June 30, 2014, and have issued our report thereon dated October 8, 2014. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered Cass County Memorial Hospital's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing our opinion on the effectiveness of Cass County Memorial Hospital's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Hospital's internal control over financial reporting.

Our consideration of internal control over financial reporting was for the limited purpose described in the preceding paragraph and would not necessarily identify all deficiencies in internal control over financial reporting that might be significant deficiencies or material weaknesses, and, therefore, there can be no assurance all deficiencies, significant deficiencies, or material weaknesses have been identified. However, as described in the accompanying Schedule of Findings, we identified certain deficiencies in internal control over financial reporting that we consider to be significant deficiencies.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility a material misstatement of the Hospital's financial statements will not be prevented or detected and corrected on a timely basis.

To the Board of Trustees Cass County Memorial Hospital

A significant deficiency is a deficiency or combination of deficiencies in internal control which is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the deficiency described in Part I of the accompanying Schedule of Findings as item 14-I-A to be a significant deficiency.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Cass County Memorial Hospital's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations and contracts, non-compliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of non-compliance or other matters that are required to be reported under <u>Government Auditing Standards</u>. However, we noted certain immaterial instances of non-compliance or other matters that are described in Part II in the accompanying Schedule of Findings.

Comments involving statutory and other legal matters about the Hospital's operations for the year ended June 30, 2014 are based exclusively on knowledge obtained from procedures performed during our audit of the financial statements of the Hospital. Since our audit was based on tests and samples, not all transactions that might have had an impact on the comments were necessarily audited. The comments involving statutory and other legal matters are not intended to constitute legal interpretations of those statutes.

Response to Findings

Cass County Memorial Hospital's responses to findings identified in our audit are described in the accompanying Schedule of Findings. While we have expressed our conclusions on the Hospital's responses, we did not audit the Hospital's responses and, accordingly, we express no opinion on them.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the result of that testing and not to provide an opinion on the effectiveness of the Hospital's internal control over compliance. This report is an integral part of an audit performed in accordance with <u>Government Auditing Standards</u> in considering the Hospital's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Smelson, Ben, Kyhnn & W. P. (.)
Atlantic, Iowa

October 8, 2014

CASS COUNTY MEMORIAL HOSPITAL Schedule of Findings Year ended June 30, 2014

PART I - SIGNIFICANT DEFICIENCIES

14-I-A Segregation of Duties: A limited number of people have the primary responsibility for most of the accounting and financial duties. As a result, some of those aspects of internal accounting control which rely upon an adequate segregation of duties are, for all practical purposes, missing in the Hospital. This deficiency is common among most small rural Hospitals.

<u>Recommendation</u>: We recognize that it may not be economically feasible for the Hospital to employ additional personnel for the sole purpose of segregating duties, however, it is our professional responsibility to bring this control deficiency to your attention. We recommend that the Board be aware of the lack of segregation of duties and that they act as an oversight group to the accounting personnel.

<u>Response</u>: The Board is aware of this lack of segregation of duties, but it is not economically feasible for the Hospital to employ additional personnel for this reason. The Board will continue to act as an oversight group.

Conclusion: Response accepted.

* * *

PART II - REQUIRED STATUTORY REPORTING

<u>14-II-A Certified Budget</u>: Hospital expenditures during the year ended June 30, 2014 did not exceed amounts budgeted.

<u>14-II-B</u> Questionable Expenditures: During the audit, we noted a certain expenditure approved in the Board minutes that may not meet the requirements of public purpose as defined in the Attorney General's opinion dated April 25, 1979. The expense was as follows:

Paid to	Purpose	_ <u>An</u>	_Amount_	
Employee Recreation Club	Employee holiday party	\$	750	

<u>Recommendation</u>: We recommend that the Board continue to document the public purpose of such an expenditure before authorization is given.

<u>Response</u>: The expenditure is considered part of the employee benefit package and the Board feels it meets the requirements of public purpose as defined by the Attorney General's opinion dated April 25, 1979.

Conclusion: Response accepted.

CASS COUNTY MEMORIAL HOSPITAL Schedule of Findings - Continued Year ended June 30, 2014

PART II - REQUIRED STATUTORY REPORTING - Continued

- <u>14-II-C Travel Expense</u>: No expenditures of Hospital money for travel expenses of spouses of Hospital officials and/or employees were noted.
- <u>14-II-D Business Transactions</u>: During our audit, we noted no business transactions with Hospital employees or officials.
- <u>14-II-E Board Minutes</u>: No transactions were found that we believe should have been approved in the Board minutes but were not.
- <u>14-II-F Deposits and Investments</u>: We noted no instances of non-compliance with the deposit and investment provisions of Chapter 12B and Chapter 12C of the Code of Iowa and the Hospital's investment policy.

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